EXHIBIT D

Practice Limited to Neurology By Appointment

Morton Finkel, M.D., P.C.
303 Second Avenue
Suite 19
New York, New York 10003
Telephone: 212-673-8058

July 27, 2008

Michelle Holman
Jaroslawicz and Jaros
225 Broadway
New York, New York 10007

Dear Ms. Holman:

Gabriel Stein was first seen in neurologic consultation on June 19, 2008. At that time I obtained a history from this 71 year old white male camera buyer of being injured in a motor vehicle accident on May 27, 2008. He was a pedestrian struck by a bus and knocked to the ground being unconscious, with bleeding from the frontal right forehead and occipital area of the skull. He was taken by ambulance to Bellevue Hospital and then later transferred to Mr. Sinai Hospital, where he was operated on for a fracture of the right leg. He also had a fracture of the left wrist and wore a cast for approximately two months. He had sutures placed in the right frontal laceration and staples in the occipital laceration of the scalp. At the time of the injury the patient complained of subjective vertigo five to six times a day, particularly on bending his neck forward. The patient also had several rib fractures seen at Bellevue Hospital. He has chest pain that is slowly decreasing. He has neck pain bilaterally that radiates to the right forearm and left wrist. Coughing worsens his neck and chest pain. When he coughs his left five fingers tingle. He is right handed. He gave a history of elevated blood pressure for the last four to five years. He had a left knee operation at Kings County Hospital with good recovery.

M.F

On examination his blood pressure is 120 systolic. His pupils are round, regular and equally reacting to light. His fundi show no papilledema. Deep tendon reflexes are 1+ and equal except for absent triceps and ankle reflexes bilaterally. Temperature, touch and vibration sensation were intact. Cervical muscle spasm is palpable.

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He could anterior cervical flex to 50 degrees, rotate right and left 60 degrees and extend his neck posteriorly 40 degrees, demonstrating limitation of motion and flexion and extension. He had tingling on both lateral sides of his chest on bending his head abruptly 60 degrees forward. He has had impaired memory since the injury and on testing he forgot three out of three objects I asked him to remember in less than one minute. On a second try with three different objects he was able to remember them. Cranial nerves 2-12 are intact except for diplopia on attempted convergence at 8". He had good strength in all four extremities.

Diagnosis: 1. Cerebral concussion
2. Cervical radiculopathy

I gave him Antivert 12.5 mg. three times a day for his vertigo.

He returned June 22, 2008 and told me he still has vertigo on getting up and lying down or bending over lasting about five to ten seconds each time approximately five times a day. He is still getting headaches two to three times a week since the time of his injury of February 27, 2008. He said these headaches last for hours and are partly helped by Tylenol. His memory is still poor.

On examination cervical muscle spasm is palpable. He could anterior cervical flex 55 degrees, rotate right 60 degrees, left 50 degrees and posteriorly 40 degrees. The anterior flexion of his neck gave tingling to the lateral ribs bilaterally. He could remember three out of three objects for one minute.

Diagnosis: Still cerebral concussion and cervical radiculopathy.

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I told him to continue the Antivert and will see him again in follow up examination in six weeks.

Motor conduction studies were performed of the median and ulnar nerves bilaterally with conduction of the right median nerve being 59.6 and the left 59.7 meters per second. The ulnar motor conduction nerve on the right was 51.5 and the left 44.3 meters per second. These are within normal limits. F waves of the median nerve showed a right-left difference of 1.86 seconds with left sided slowing. The ulnar F wave difference was .70 milliseconds which was within normal limits. F wave prolongation of the median nerve suggests a C5, 6 radiculopathy.

Electromyography was performed with the following results:

Insertion and rest: The biceps and triceps muscles bilaterally showed no abnormalities.

Exertion The right biceps showed a full interference pattern but the left biceps showed a decreased interference pattern, polyphasics and fasciculations. The right triceps showed a full interference pattern and the left triceps showed polyphasics.

This is confirmatory of a left C5, 6 radiculopathy.

I believe the injury of February 27, 2008 is the competent producing cause of the both the cerebral concussion and cervical radiculopathy.

His prognosis is guarded. He will need ongoing follow up neurologic therapy I believe for the rest of his life at three month intervals. His memory impairment is a serious impediment.

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Neuropsychiatric cognitive therapy for the next one to two years may help him partially improve his memory. The neck pain will need to be carefully assessed in the future. If he does not continue to improve he will need MRI of the cervical spine and possible cervical epidural injections and/or cervical discectomy. This remains to be seen in the next six months. Unfortunately because of his age it is likely he will have continuing pain and will need active physical therapy and pain therapy and possible cervical neurosurgery in the next year.

His prognosis is guarded

Sincerely,

M. Finkel, MD

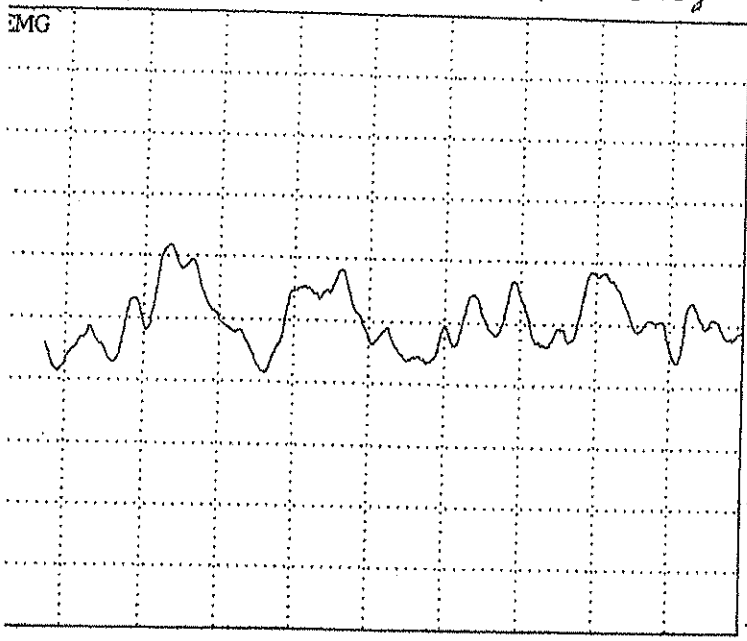
Morton Finkel, M.D.

Gabriel

Cervical

E.M.G.

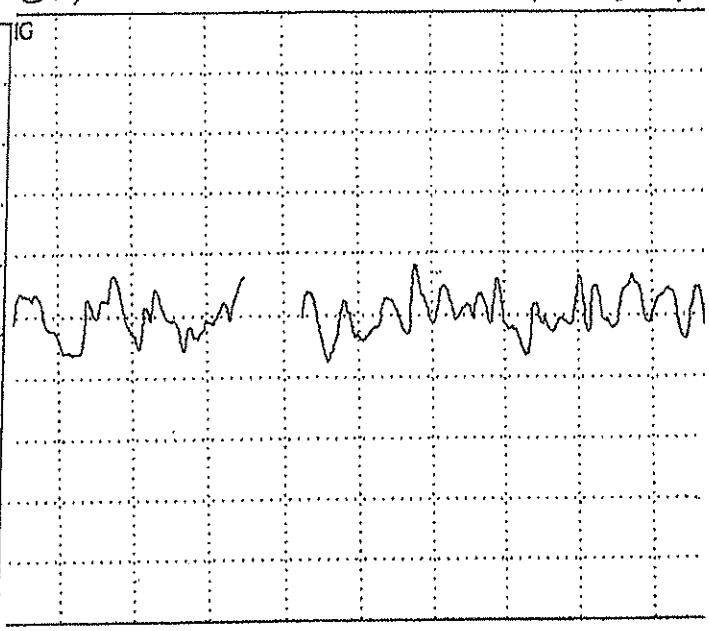
G.S. 7:22:08



Rt. Biceps

Ch	Hicut	Locut	Gain (μV/div)	Sweep (ms/div)
1	10000	10.00	1000.	10.0

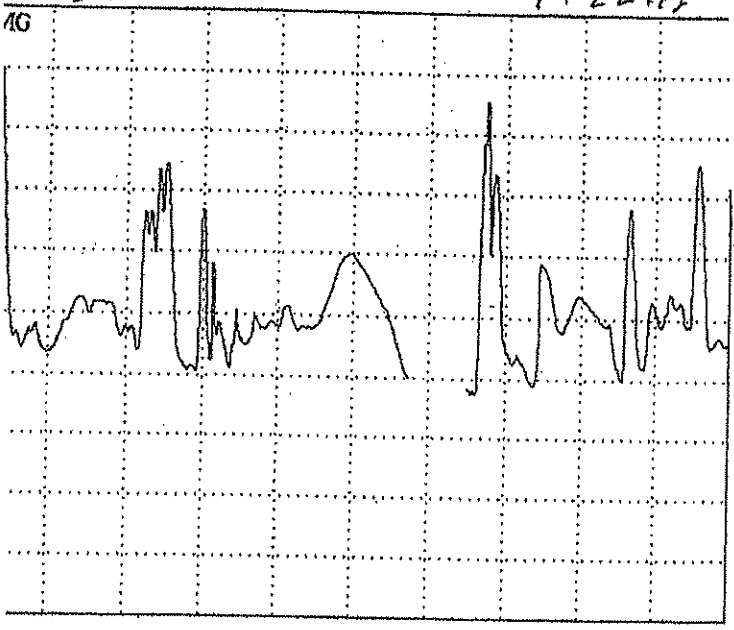
G.S. 7:22:08



Rt. Triceps

Ch	Hicut	Locut	Gain (μV/div)	Sweep (ms/div)
1	10000	10.00	1000.	10.0

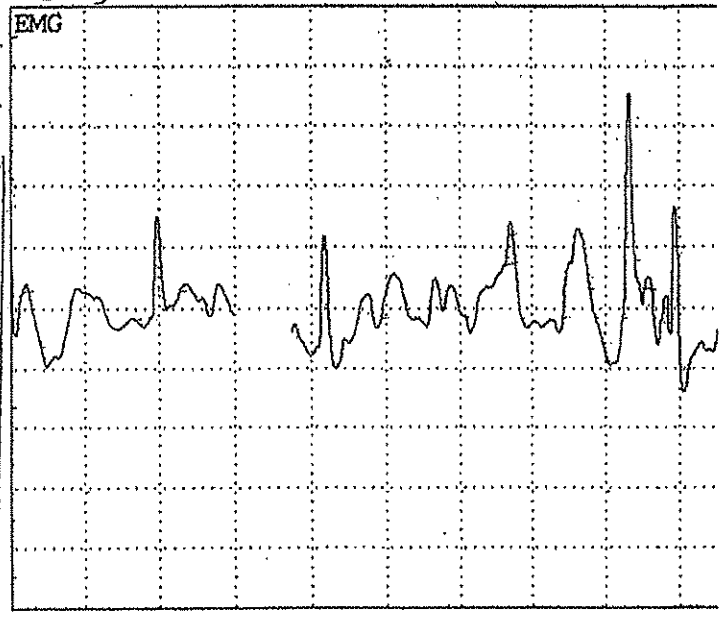
G.S. 7:22:08



Lt. Biceps

Ch	Hicut	Locut	Gain (μV/div)	Sweep (ms/div)
1	10000	10.00	1000.	10.0

G.S. 7:22:08



Lt. Triceps

Ch	Hicut	Locut	Gain (μV/div)	Sweep (ms/div)
1	10000	10.00	1000.	10.0

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Exam Date: July 22, 2008 Patient Number: F-0810-U
Name: Stelf, Gabriel Sex/Age: M/71

NCV STUDIES – UPPER EXTREMITIES

RESULTS:

	Distal Latency (ms)		Amplitude (mv)		Proximal Latency (ms)		Amplitude (mv)		Distance (cm)		NCV	
MOTOR	R	L	R	L	R	L	R	L	R	L	R	L
Median	3.47	2.95	9650	9120	7.83	7.64	9960	8740	28.0	28.0	59.6	59.7
Ulnar	2.63	2.53	6000	8940	7.97	8.63	6000	1390	27.5	27.0	51.5	44.3

F-WAVES	R	L	Diff.
Median	27.97	29.83	1.86
Ulnar	29.61	28.91	0.70

EMG STUDIES – UPPER & LOWER EXTREMITIES

Right Biceps: Insertion & Exc. No abnormal activ. Except: F. I. P.

Left Biceps: " "

Right Triceps: " " F. I. P. ↓ I.U. Pron. Teres

Left Triceps: " " F. I. P. Pc/4+

FINDINGS & IMPRESSION: L+ C5 Radiculopathy

M. Finkel, M.D.
Morton Finkel, M.D.

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October 27, 2008

Michelle Holman
Jaroslawicz and Jaros
225 Broadway
24th Floor
New York, New York 10007

Dear Ms. Holman:

Re: **GABRIEL STEIF**

I have reviewed the report of Dr. Daniel Kuhn dated October 9, 2008 describing his brain electro-neurophysiologic testing battery, which includes EEG, Quantitative EEG and Evoked Potentials.

The testing confirmed the diagnosis of traumatic brain injury. EEG showed abnormalities in the T5, 01 area in the left posterior region. In addition there were other findings on the Quantitative EEG including the auditory and visual and brain stem sensory Evoked Potentials. The testing was abnormal with findings strongly supporting the diagnosis of "traumatic brain injury and diffuse axonal injury" with findings of diffuse axonal injury. Several areas were affected including frontal left lobe, showing damage consistent with the patient's difficulty concentrating, and having decreased ability to sustain his attention. This injury would interfere with performing complex tasks due to his frontal lobe dysfunction. This is consistent with the patient telling me that he had marked difficulty at his former occupation, with things that he used to be able to do simply, prior to his trauma. The abnormalities in the temporal lobe are also consistent with his memory report. This testing corroborates the diagnosis of brain injury and cerebral concussion. He also has cervical radiculopathy which is confirmed by EMG. His prognosis is guarded as described in my previous report. He will need ongoing follow up and neurologic and neuropsychiatric cognitive therapy for many years into the future.

Sincerely,

M. Finkel. M.D.

Morton Finkel, M.D.